

## **RIGHT-TO KNOW REQUEST**

NAME OF REQUESTOR  STREET ADDRESS  CITY/ STATE	DA	ΓE REQUE	STED										
STREET ADDRESS  CITY/ STATE  COUNTY  TELEPHONE  RECORDS REQUESTED (Provide as much specific detail as possible as the agency can identify the information)  DO YOU WANT COPIES?  DO YOU WANT TO INSPECT THE RECORDS?  DO YOU WANT CERTIFIED COPIES OF RECORDS?  RIGHT TO KNOW OFFICER:  DATE RECEIVED BY AGENCY:  AGENCY FIVE (5)-DAY RESPONSE DUE:	SUBMITED BY:   E-MAIL   U.S. MAIL   F.									FAX □ IN-PERSON			
CITY/STATECOUNTY	NAI	ME OF REQ	UEST	OR									
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DO YOU WANT TO INSPECT THE RECORDS?					s possib	le as the	e agency	can ide	entify th	he infor	mation)		
DO YOU WANT CERTIFIED COPIES OF RECORDS?	DO YOU WANT COPIES?							□ YI	E <b>S</b>	□ NO			
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AGENCY FIVE (5)-DAY RESPONSE DUE:													
REQUESTER S SIGNATURE													
DATE OF COMPLETION													